

PACIFICA SYNOD

1801-C ParkCourt Pl., Santa Ana, CA 92701 Phone (714) 692-2791 FAX (714) 692-9317

EXPENSE VOUCHER

NAME: _____ DATE: _____

CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PURPOSE OF MEETING/TRIP _____

DATE	ITEM (Attach Receipts)	AMOUNT

TOTAL AUTO MILEAGE _____ @ 58¢ per mile = _____

TOTAL DUE _____

COMMENTS: _____

YOUR SIGNATURE: _____

***Group Meals (Please include names below):**

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

*****For office use only*****

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Approved By

Account Number